

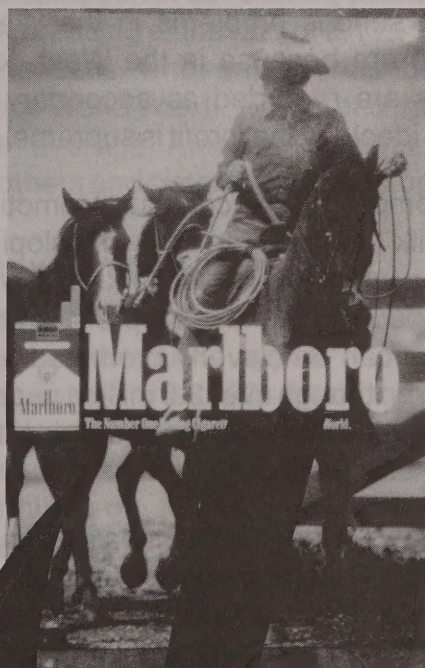


contact

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TOBACCO AND HEALTH:



"Why Viceroy Super Longs?
Because
I'd never smoke a boring cigarette."



BEHIND THE SMOKE SCREEN

INTRODUCTION

The world is rejoicing these days at the movement toward freedom and democracy in Eastern Europe. In places where human rights have too long been regarded as secondary to ideology, people are once again being given an opportunity to determine their destiny.

It is alarming, however, to hear many Westerners crowing at the "failure" of these systems, as if all were well with the West and the only need now is for the East to copy the Western way. This attitude denies the reality that there are serious problems in the West. Many of these are because in the West, too, human values are regarded as secondary to ideology—the ideology that profit is supreme.

In the West, companies can continue promoting powdered milk to mothers in developing countries, even when it is known to kill many of their babies—because it makes a profit. In the West, tobacco can be cleverly promoted and openly sold, even though over 2.5 million people died in the last year as a direct result of using it—because it makes a profit.

But in our society we are free to speak out, and speak out we must. In this issue of *Contact* we present some of the facts about tobacco, its slow destruction of health and life, and its promotion around the world, not only by companies but by some governments as well—for the sake of profit. We call on our readers and on all people of good will to declare war on this cause of so much unnecessary suffering and death. And to work tirelessly to replace tyrants everywhere, be they economic or political, with systems that cherish spiritual values above all.

Dave Hilton

COVER

Photos: WHO by Zafar (bottom right) and M. Muller and FAO (top left).

The tobacco industry and the Third World: a new form of colonialism?

Tobacco and health: behind the smoke screen

by Candace Corey

The subject of this article came up by chance the other day, when I was having lunch with a friend. Coincidentally, my friend told me, he had recently been interviewed by a major tobacco company for the post of director of their worldwide communications department. Not terribly keen to promote tobacco for a living, he nonetheless agreed to go for the interview, which had been arranged for him. He met with a company official over an elegant lunch. After introductions and appetizers, the official said that he would like to start the interview by asking three questions. They were, Do you smoke? Do you mind if others smoke? Would you mind if everyone in the world smoked? When my friend could not respond positively to all three, the interview ended in friendly agreement that he was not the person for the job, and the two went on talking about other things. That was it.

Tobacco manufacturers of course wouldn't mind if everyone in the world smoked. They would be delighted. Obviously not everyone smokes, yet tobacco remains the most commonly used and widely distributed drug in existence today. Tobacco is known to be lethal, but its use is legal in every country of the world. Each year tobacco claims the lives of some 2.5 million people. Richard Peto, Senior Reader, Imperial Cancer Research Fund of the Radcliffe Infirmary, Oxford, England estimates that by the year 2025, if patterns of tobacco consumption remain what they are now, this figure will reach an annual 8 million.

In fact, the use of tobacco in western countries is decreasing at the rate of 1.1% a year,

according to WHO, cited by Dr Judith Mackay (see also pages 10 and 11). Annual tobacco consumption in developing countries, however, is increasing at the rate of 2.1%. The number of Americans who smoke has been declining since World War II. But a trend that spells life for the average American means death to his brothers and sisters in the developing world.

The writing on the wall

Scientific information on the harmful effects of smoking began to appear around 1920, but it was not until the 1950s that an alarm was raised. Evidence that has accumulated since then proves beyond a doubt that exposure to the burning of tobacco is linked to greater probability of death, disease, disability, loss of productivity, and an impaired quality of life.

The World Health Organization categorically lists the risks: smoking is now known to be associated with cancer of the lung, the mouth, the larynx, the trachea and bronchia, the oesophagus, the pancreas, the kidney, and the bladder, as well as heart disease, cerebrovascular and peripheral vascular disease, chronic bronchitis, and emphysema.

In pregnant women who smoke there is an increased probability of miscarriage, fetal and neonatal death, premature birth, and low birth-weight.

In parts of the world where nutritional and health standards are poor, the negative effects of smoking are aggravated.

Even those who don't smoke but who live or work in the proximity of smokers (so-called

passive smokers) are now known to be exposed to important health risks.

In light of such convincing testimony, why, then, do smokers continue to smoke?

The addiction factor

The answer lies partly in the addictive effects of nicotine and other substances produced from the burning of tobacco.

The 20th U.S. Surgeon General's report on smoking drew a simple conclusion on the subject: tobacco is as addictive as heroin. In fact, reported the *New York Times Magazine* (July 1988) in an article by Peter Schmeisser, the Surgeon General's report reveals the only difference between smoking cigarettes and shooting heroin to be that smoking tobacco is more deadly. The U.S. annual total of 300,000 smoking-related deaths is over 30 times greater than all of the country's narcotics-related fatalities combined.

The addictive nature of tobacco, however, is only part of the picture. A fuller answer to the question why people smoke would have to include the influence of power and politics, in this case the power of the tobacco multinational corporations and the politics of primarily the United States government.

Long-time partners in persuasion

Smoking made its big breakthrough during World War I, when U.S. troops in the trenches were kept happy with cigarettes given to them by their government. The tactic was obviously effective, and the practice was continued during the Second World and Korean Wars. Cigarettes became the contribution of the American tobacco companies to the war effort. Packages of

cigarettes wrapped in plain paper were issued as part of standard military rations. After the Korean War, however, in a move that is now cited in business school textbooks as a classic marketing *coup*, cigarette manufacturers began to exploit the cigarette habit with sophisticated packaging and other advertising techniques. The image of the Marlboro man was born.

Real Marlboro-smoking cowboys die of lung cancer and emphysema, documents Peter Taylor in *The Smoke Ring* (see page 16), but the romantic image lives on. With the decline of smoking in the United States, the advertising wizards of the tobacco industry skillfully relocated the Marlboro man (together with his heritage of ill-health) to the developing world.

In his comments before the U.S. Interagency Committee on Smoking and Health, Dr Gregory Connolly, WHO expert and, in this instance, representative of the American Public Health Association, traced the progress of the U.S.-based tobacco industry in penetrating Third World markets:

There are seven major transnational tobacco companies, four of which are U.S. based. In the mid-1960s, the first U.S. Surgeon General's report, on the adverse health effects of smoking, frightened Americans enough to cause a decline in U.S. cigarette sales. In response, British and U.S. cigarette manufacturers expanded into Latin America.

By the mid-1970s, transnational tobacco companies had taken over Latin American national cigarette firms, first by breaking down trade barriers (which restricted the sale of foreign brands) and then by using American-style advertising to increase smoking rates. Latin America's limited consumer capital was thus diverted to the purchase of a non-essential



Photo: WHO

Tobacco was considered indispensable as part of daily rations for U.S. troops during World War I. "We must have thousands of tons without delay," cabled American General John J. Pershing to Washington D.C. (Source: *The Smoke Ring* by Peter Taylor)

foreign product and vital agricultural land given over to the production of tobacco.

In his remarks, Dr Connolly maintained that the tobacco industry met little resistance to its advances into Latin America. And the process was most likely helped along by what a 1976 U.S. Federal Securities and Exchange investigation termed "questionable payments" (for example the US\$2.4 million invested by Philip Morris over five years of foreign operations and the US\$400,000 paid by R.J. Reynolds to employees and agents of foreign governments, which, according to the company, was used to "maximize distribution of company... products").

British American Tobacco (BAT) is the world's largest tobacco multinational. According to its annual report (quoted in the December 1989 issue of *Health Action*), BAT made US\$55 million in profits from its African subsidies. US\$4 million of these profits came from Kenya. If Kenya is a typical case of a tobacco industry take-over in Africa, the cause for alarm is clear. The smoking rate in Kenya, reports *Health Action*, is rising by some 8% per year, the fastest rate in its history. The main reason, it claims, is the marketing strategy of the tobacco multinationals.

Cigarette advertisements in Kenya, as in other countries, portray success in sports, academic achievements, or sexual attractiveness to sell their product. It was in late 1988 (when the state-owned Voice of Kenya [VOK] was required under a new law to find funding other than by government subsidy) that VOK's policy to ban cigarette advertising was quietly reversed.

Today the television screen shows healthy football players smoking cigarettes after winning a game. As they smoke, fans are shown congratulating them for a game well played. The fans clap their hands and sing the BAT signature tune: "There is only one thing in Kenya as popular as football—Sportsman." Sportsman is a brand of British American Tobacco, Kenya Limited. BAT also sponsors the activities of the Kenya Press Club, ensuring maximum publicity from the local press during events. Infiltration by the cigarette industry into advertising in Kenya is nothing new. In 1989, Marlboro congratulated

itself on 10 years of support of the Safari Rally, a world sporting event. The race is referred to in publicity as the Marlboro Safari Rally.

Breaking into (breaking down?) Asia

Eager to try similar strategies on a virtually unexploited market, especially as smoking rates in Western countries continued to decline, tobacco transnationals turned to Asia.

Lori Heise, in the September-October 1988 issue of *World Watch*, reports on their pre-meditated assault: "One need only read the head-

lines of the tobacco trade press to discern the industry's intentions for...Asia. 'Bright Future Predicted for Asia Pacific,' proclaims the September 1987 edition of *World Tobacco*. 'Growth Potential' and 'More Smokers,' read two sub-heads.

"Another article marvels at the "great opportunities" in China—the world's largest cigarette market and, therefore, the 'most important feature on the landscape' of the tobacco industry's future.



Photo: WHO

Cigarette smoking as a symbol of being tough and grown up is an image that the tobacco companies would like to keep.

"But the off-the-record admission of one tobacco company executive is perhaps the most revealing: 'You know what we want?' he [joked] during a recent interview with the *Tobacco Reporter*. 'We want Asia.'

"Asia, however, was not easily had. Despite more than 10 years of intense lobbying, U.S. tobacco companies were unable to break into Far Eastern markets—until recently. Most



Photo: Judith Mackey

Going after the women's market in Japan. Since the increase in Western-style advertising, the rate of Japanese women smokers has also risen.

countries protected their state-run tobacco monopolies through bans on foreign cigarettes (as in Thailand and South Korea) or through high tariffs on imports (e.g. Japan), as well as restriction on distribution and advertising...."

Then in 1985 the U.S. government, under President Reagan, intervened on behalf of U.S. tobacco companies. Section 301 of the Trade Act of 1974 allows the U.S. Trade Representative the power to impose sanctions against any nation whose trade policies are considered "unjustifiable, unreasonable, or discriminatory." It was the threat of sanctions under this act, in the form of tariffs and boycotts on Japanese goods such as supercomputers, textiles, and auto parts, coupled with pressure from influential sources (see box), that ultimately forced open the Japanese market. The barriers to American tobacco imports fell in October 1988. In the following year, similar tactics succeeded in opening the markets of Taiwan and South Korea.

The effect of this "foreign invasion" has been carefully documented. According to the remarks of Dr Connolly before the February 1988 U.S. Interagency Committee on Smoking and Health, with Japanese barriers removed, U.S. firms moved quickly to increase cigarette advertising and promotion. Japan allows cigarette advertising on television. Voluntarily, it had been kept to a minimum, but in April of 1987, six months after the Section 301 decision, more than 2000 Western-style cigarette commercials were aired on five Japanese television stations. This represented four times the number of the previous year and 10 times more than two years earlier. Two years ago, cigarettes ranked 40th for television advertising time. Today it is number two.

The code, again voluntary, not to advertise to women or children was recently amended: cigarettes are now advertised during baseball games and feature films, which are popular with young people. Cowboys and attractive females are used in these advertisements. Cigarette promotion used in Japan includes giving free samples of American cigarettes, offered by young women on the streets of Tokyo, and sponsorship of motorcycle racing. To counter the influence of such imported persuasion, Japanese Tobacco Incorporated has

Letter from U.S. Senator Jesse Helms to Japanese Prime Minister Nakasone

When negotiations stalled in the U.S. effort to open the Japanese market to American tobacco, President Reagan appealed to Senator Jesse Helms to use his influence. Senator Helm's letter of 24 July 1989 to Japanese Prime Minister Nakasone is given below in full, in illustration of the behind-the-scenes political manoeuvring and muscle-flexing that facilitated this particular trade "agreement."

My dear Mr Prime Minister,

The news of your splendid victory brought joy to your friends in the U.S. Senate, and most especially to me. I greatly admire you, and remember with pleasure your visit. I hope you will return soon.

You may recall our conversation when I expressed the genuine hope that good relations will continue between our countries. I have vigorously supported a strong defense presence in your part of the world—amidst a growing discontent among some critics who insist that the Japanese should shoulder a greater share of the substantial cost of this defense. And I have refrained from participating in efforts in Congress to retaliate against Japan because of various trade practices.

Having said that, I feel obliged to mention that there has been little tangible evidence of efforts on Japan's part to open your doors to more U.S. tobacco products. American cigarettes still claim less than two per cent of the Japanese market.

I must be candid: This is causing a growing sentiment among my colleagues in the U.S. Congress to take strong action against Japan in matters of trade. This should not be necessary, nor is it desirable. But I am convinced that it will happen, and I am sure you are aware of public expressions by various individuals.

This is significant, of course, but of even greater concern to me are comments I am hearing privately. More and more of my colleague can cite specific examples of trade inequities in which Japan enjoys the advantage. Cigarettes are the example I hear about most often. I sense a growing determination among my colleagues to act boldly to demonstrate to their constituents that they do not intend to remain silent, and very damaging decisions are often made in such an environment.

Your friends in Congress will have a better chance to stem the tide of anti-Japanese trade sentiment if and when they can cite tangible examples of your doors being opened to American products. Now is the time for action, Mr Prime Minister.

I urge that you make a commitment to establish a timetable for allowing U.S. cigarettes a specific share of your market. May I suggest a goal of twenty per cent within the next eighteen months. I am not particularly concerned about the mechanics of obtaining this goal—these can be worked out as we go along. We have witnessed frustrating and unsuccessful attempts to negotiate regarding specific aspects of the Japanese tobacco industry.

Let me emphasize most respectfully that we do not seek to restructure the Japanese tobacco industry or interfere with your domestic political situation. We simply seek your assurance of a percentage share of your cigarette market. U.S. officials and citizens must be shown that Japan's leaders are willing to take concrete steps to open your doors to American products.

It does nobody any good for politicians and bureaucrats on both sides of the Pacific to engage in posturing, or debating philosophical arguments. Far better it will be to agree specifically as to how American cigarettes can gain access to a reasonable share of the Japanese market. Your commitment to seek a twenty per cent market share for American cigarettes in the Japanese market would set the stage for productive negotiations to produce that result. I believe you will be well-pleased with the friendship and mutual respect that will result.

You have my very best wishes always,

Sincerely,

(signed) Jesse Helms

introduced new cigarette brands, such as *Dean*, which pushes the rebel image of American film star James Dean to Japanese adolescents, and *Misty*, which is aimed at women.

U.S. tobacco multinationals argue that they are not seeking new markets in Asia but only want a chance at the ones that exist; in other words, they want oriental smokers to switch to American brands. In fact, in Japan, and similarly in the other Asian countries that have given in to the demands of tobacco transnationals, cigarette consumption since the increase in advertising has gone up 2%. This represents the reversal of a 20-year downward trend.

The U.S. tobacco industry may be pleased with this outcome, but pressure on Asian countries to consume a harmful product, which Americans themselves are rejecting, has triggered charges of neocolonialism and of cigarette dumping. Public protests have been held in Taiwan and Korea. Early this year, Singapore moved to strengthen its anti-smoking campaign and protect its people by banning all forms of tobacco advertising. Undiscouraged, the tobacco transnationals now look to China for their future (see page 10 and 11).

U.S. pressure on foreign governments to purchase cigarettes, Dr Connolly concluded in his remarks to the U.S. Interagency Committee on Smoking and Health, could cause long-term

harm to the economies and public health of both developed and developing nations. The U.S. economy may also be hurt by relying on a product which has a questionable future. And the involvement of the U.S. government in the international expansion of cigarette companies is, from a public health perspective, deplorable.

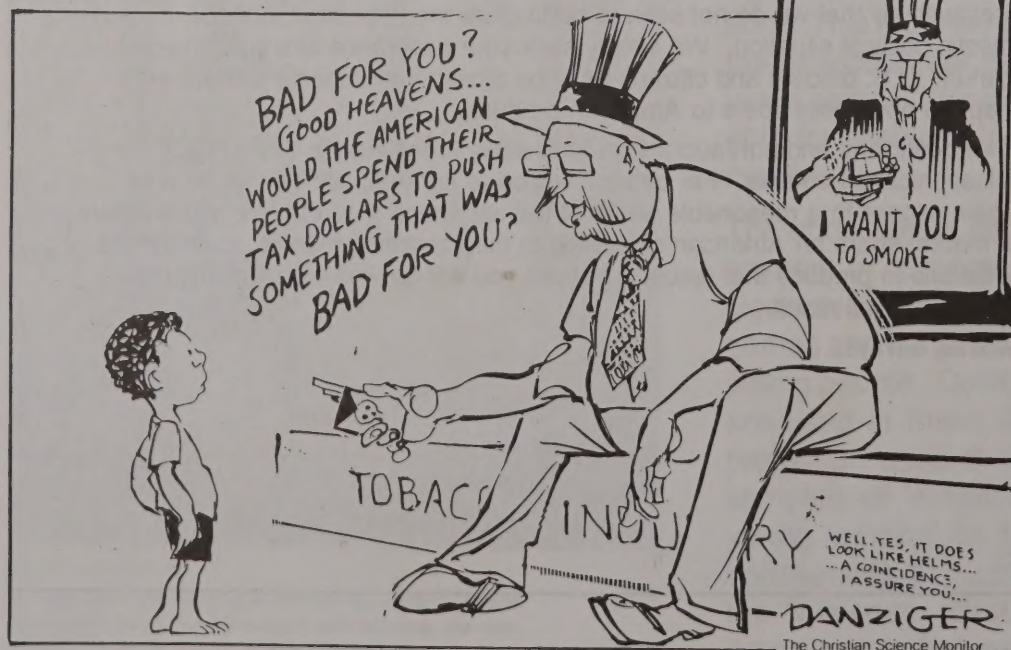
Protecting profits

The U.S. government may no longer look to the tobacco industry for a contribution to a world war, but rather for a contribution to the American economy. The tobacco industry is quick to claim that tobacco production generates jobs and provides farmers with a ready and reliable income. At first glance, their claim appears valid.

The National Advisory Committee of the U.S. Interagency Committee on Smoking and Health caused an uproar when it announced its February 1988 meeting as a discussion of the "International Health Implications of U.S. Tobacco Trade Policy." Among those who protested the agenda were the major U.S. tobacco-producing states of Georgia, North Carolina, and Tennessee.

Just prior to the Interagency meeting, the Georgia State Senate adopted Senate Resolution 366, "urging the...Interagency Committee...to refrain from taking any action to limit or impede the export of Georgia tobacco." The resolution

US PROMOTING CIGARETTE SALES IN THIRD WORLD



Cartoon: Jeff Danziger

Courtesy of the Christian Science Monitor and the Los Angeles Times Syndicate.

cited tobacco as a US\$1.2 billion component of the Georgia economy and, more specifically, as generating in 1986 more than US\$1.2 million for the state and as providing employment for over 59,000 Georgia citizens. The state of Tennessee, in a similar resolution, put its annual earnings from the sale of tobacco at US\$708,792 million and the number of jobs maintained by the industry at 50,586. Also protesting any action to modify U.S. trade policy was the governor of the State of North Carolina, who, in a letter to the U.S. Surgeon General, valued the 1987 export of North Carolina tobacco at US\$1.2 billion.

With such money involved, it is hardly surprising that the campaign to push American tobacco abroad continues, despite its toll on health and, as is being increasingly realized, the environment.

Tobacco and agriculture

Farmers in the Third World, like those in the tobacco-producing states of the U.S., are not long to realize that growing tobacco pays, at least in the short-term. Health researcher Nicholas Cohen, cited by Richard North in his book *The Real Cost* (see page 16), documents landowners in Bangladesh in 1981 as able to earn twice as much on their labour cost on land used to produce tobacco than on land used to produce rice, the local staple.

According to WHO, some 4.3 million hectares of the world's arable and permanent crop areas are under tobacco cultivation. Although this represents only 0.3% of the total, in a number of countries the percentage is higher, for example Malawi (4.3%), Bulgaria (2.5%), Zimbabwe (2%), and China (1.1%).

The World Health Organization recognizes that certain countries of the world depend upon tobacco as a major source of their income. In fact, the Forty-Second World Health Assembly requested the organization to consider the economics of tobacco, and it encouraged the United Nations to develop crop substitution programmes. Such crops do exist, some of which offer even greater returns than tobacco. For example, reports WHO, studies have shown that in 1986 the gross margin per hectare in Rio Grande do Sul, Brazil was higher for



Photo: WHO

Once tobacco is established as a crop, patterns of cultivation are difficult to change.

sweet potatoes (8.842Cz\$) and manioc (8.293Cz\$), than for Virginia tobacco (3.981Cz\$).

Farmers, however, will be unlikely to diversify into other crops unless they have a guaranteed market, as they do now for tobacco, which is supported by tobacco multinationals and by government policy. According to Richard North in *The Real Cost*, the European Community, for instance, spends US\$663 million a year on subsidies to tobacco farmers. 6% of the population of Greece is involved in tobacco production (the country is the tenth largest exporter in the world). Turning around a trend such as this means finding incentives for the cultivation of other crops. Until that happens, however, land will continue to be given over to the production of tobacco.

The environmental implications: deforestation

The cost of the smoking habit can be calculated not only in terms of lives and land, but also trees. *The Real Cost* calculates that around half of the tobacco grown in the world is cured over wood fires. At a rough estimate, over 1 million hectares of open forest are stripped for this purpose

worldwide, amounting to a tree for every 300 cigarettes produced in the Third World. As in the case of wood used for cooking, farmers (mainly women) in these regions are having to travel further and further afield to find wood. To ensure a stable supply of the fuel needed for tobacco-curing, over 8 million hectares of trees would have to be planted. Clearly, this will not happen in the near future. An alternative would be to improve the efficiency of tobacco curing; over 80% of the fuel used is wasted in the process.

"Tobacco economics are sham economics

...no more and no less," said WHO's Dr Roberto Masironi (*WHO Tobacco Alert*, December 1984). The Sixth World Conference

world also pay the cost in the form of subsidies to tobacco farmers. In the developing world, the use of land to produce tobacco instead of food can cost a country its self-sufficiency.

In short, tobacco doesn't pay, except for the tobacco transnationals.

Turning things around

With cigarette consumption declining in the west, tobacco transnationals are literally banking on the fact that they can create enough smokers in developing countries to compensate. At least in the short term. They know that long-term prospects for the industry are reduced with every death from tobacco, with every revelation on the health risks of the habit, with every consumer awakened to the manipulative advertising practices of cigarette manufacturers.

An acquaintance of mine, an accountant for Philip Morris, is casual in discussing his company's investments outside of the tobacco industry. In his professional circles, it is common knowledge that money to be made from tobacco is drying up.

As late as 1981 tobacco industry spokesmen were denying the cause-and-effect relationship between smoking and disease. Meanwhile, their actions betrayed

them as tobacco transnationals began diversifying into everything from food and drink to oil and insurance. The writing is on the wall. They know it. But the question is, Does the consumer?

Ultimately, protection against tobacco transnationals lies with the consumer. When the government is preoccupied with other concerns—trade deficits, immediate economic prosperity, or, as in many developing countries, simply staying afloat in a sea of debt—the choice for or against tobacco falls to the individual.

The person who knows to protect his or her health, the person who sees through the tactics of tobacco advertising, the person who won't be manipulated so that someone else can make money—this is the person who says "no" to a smoke. *

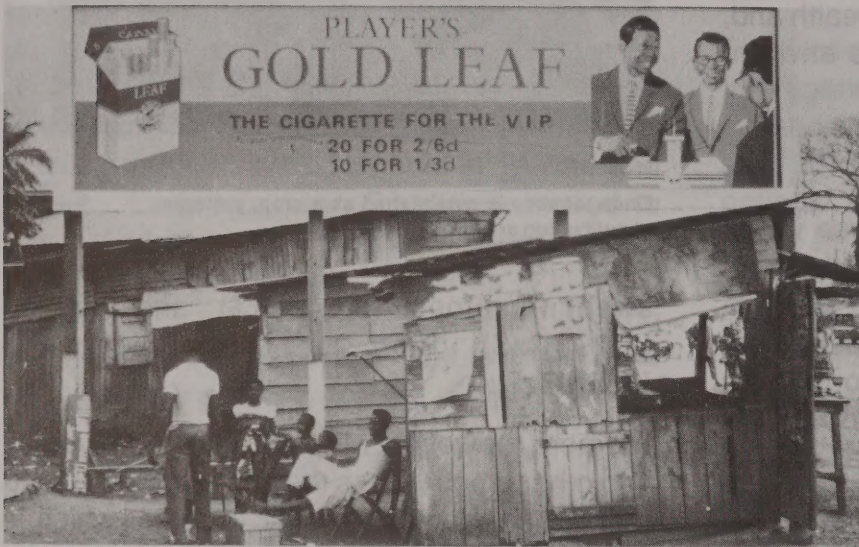


Photo: WHO
The real look of "tobacco" economics.

on Smoking and Health put the message this way: "Tobacco is fool's gold," they warned developing countries.

With the hard cash that tobacco production promises countries in the short term, considerations such as deforestation and hidden costs to health, not to mention health care programmes, are often overlooked.

In reality, clarifies WHO, economic gains to a country from tobacco production are outstripped by economic losses—from premature deaths, from medical bills, from fires caused by careless smokers, from lost productivity and absences from work caused by tobacco-related illnesses. In the U.S. alone the loss from these causes is estimated to be more than US\$60 billion yearly, states the report by the U.S. Office of Technical Assessment (a scientific advisory body to the U.S. Congress). Countries in the developed

Review

Do you share this *Contact* subscription with a friend or a group? The following questions are provided to help you examine and talk about tobacco and how it affects you and your country.

If you will be discussing this in a group, you might first like to collect some information. Look at the advertisements for tobacco around you in newspapers or magazines, or as big wall posters. Note where and how often do you see them. Cut out those that you can from magazines and newspapers. List the cigarette brands available to you in your country.

Discussion questions

1. What kind of image (for example, sportsman, rich businessman, romantic couple) is associated with the cigarette brands you know? Would you like to be in any of the situations that you see in these advertisements?
2. What are these advertisements telling you is the most important thing to have in life? Are these the things that you think are important in life?
3. Would you say that these cigarette brands are made to appeal to certain groups of potential buyers, for example young people or women? If so, how exactly do they do it?
4. How did you learn about the health risks associated with smoking?
5. In the tobacco advertisements that you see around you, is there any evidence that your government is trying to warn you of these health risks? Do you think that your government should be involved in this issue at all? If so, how?



Photo: Zafar

Do you know of anyone who depends upon tobacco for a living?

The Last Frontier: The Tobacco Industry in Asia

by Dr Judith Mackay

Adapted from Consumer Lifelines (17 August 1989), published by the International Organization of Consumers Unions (IOCU) Regional Office for the Pacific.

With a population of six million and a land area of only 404 square miles, Hong Kong is an unlikely battlefield of the tobacco war. No tobacco is grown here, there is no powerful lobby of tobacco farmers, and few people are employed locally by the tobacco industry.

Yet Hong Kong is strategically located at the gateway to the most lucrative tobacco market in the world, the People's Republic of China. The tobacco industry bases its Far East regional offices in Hong Kong, spending US\$30 million annually on advertising that reaches many in the country of over one billion people directly to the north.

The tobacco industry has set its sights on Asia, and makes no apologies. An article entitled "Bright Future Predicted for Asia Pacific," in the September 1986 issue of the industry journal *World Tobacco*, emphasized the potential of the China market. Using sub-headings such as *Growth Potential* and *More Smokers*, it estimated that sales in Asia will increase by 18% by the year 2000. And in the game of capturing that market, China is the prize.

With an estimated 300 million smokers, China is the largest producer and consumer of cigarettes in the world. A 1984 survey involving more than 500,000 Chinese found that 61% of men and 7% of women light up daily. Homegrown brands like *Double Happiness*, *Panda*, *Peony*, and *Big Number Nine* are sold alongside more international recognized names like *Winston*, *Camel*, *Dunhill*, and *Marlboro*.

Tobacco from indigenous production in Asia is already a major health problem, with heart disease, cancer, and stroke being the most common causes of death. Richard Peto, a leading Oxford epidemiologist, has predicted that "of all the children alive today in China under the age of 20 years, 50 million will eventually be killed by tobacco." This is a powerful statistic in a country with a one-child policy.

Foreign tobacco companies are sending materials to be processed in China, helping Chinese tobacco growers, offering grants for technical improvements, and training technicians and other personnel. One major cigarette factory recently opened in China, a joint venture with the U.S.-based R.J. Reynolds.

And despite national regulations in China prohibiting tobacco advertising, the international tobacco giants are sponsoring sports and the arts, and advertising cigarettes. In several recent visits, I have seen many ads for *Marlboro* cigarettes and other foreign tobacco products—on lighted panels, outdoor waste paper baskets, clock faces, delivery vans, even in-flight magazines for China's national airline. I have never seen an advertisement for Chinese cigarettes.

An agreement signed last year gives *Lorimar Telepictures*—best known as the producers of the T.V. soap opera *Dallas*—the right to provide free American programme in exchange for the right to advertise American products, including *Marlboro*.

Dr Mackay is Director of the Asian Consultancy on Tobacco Control. She is a member of the World Health Organization Expert Advisory Panel on Smoking and Health, Fellow of the Royal College of Physicians of Edinburgh, Fellow of the Royal Society of Medicine, London, England, and Consultant to the International Union Against Cancer.

Such violations and circumventions by the multinationals occur because the Chinese have no experience with their promotional strategies, and control is difficult in a country so large. The tobacco companies are taking advantage of this to quietly penetrate the market. And the Chinese government is worried. A senior official in Beijing, discussing the tobacco industry's Asian campaign and the return of the cigarette profits to the industry's board and shareholders in the West, likened it to a "new opium war."

But does it matter that Asians smoke? Is it not legitimate for foreign companies to compete on a free-market basis?

The answer is yes, it does matter. Indigenous production of tobacco in Asia is still largely a cottage industry. The powerful and aggressive promotional thrusts of the multinationals, now co-ordinated on a global basis with their political influence and leverage to open markets (as has been witnessed in Hong Kong, Japan, Korea, Taiwan, and now Thailand), can only lead to increases in smoking in Asia....And the health hazards may be greater, since international brands of cigarettes may have higher tar and nicotine yields than the same brands sold in the country of origin....

One example of international political pressure was seen in January 1987 when the Hong Kong government became the first Asian government to ban the import, manufacture, and sale of smokeless tobacco. In an effort to kill the Hong Kong ban, the tobacco industry mobilized the United States Commerce Department, the State Department, four U.S. senators, the American Chamber of Commerce in Hong Kong, a powerful Hong Kong legal firm, and representatives of U.S. tobacco, the company that was trying to market smokeless tobacco in Hong Kong at the time.

In a letter to the Hong Kong government, the four U.S. senators said the ban "would constitute an unfair and discriminatory restriction on foreign trade—at least that is the way it is likely to be viewed in the United States." The senators said the ban could cause a "potential barrier to our people's historic trade relationship"—words to make any U.S. trading partner tremble.

In its reply, the Hong Kong government said the legislation banning smokeless tobacco was an

internal health matter and not a U.S. trade issue. Not only was importation from any country to be banned, but local manufacture would also become illegal.

Hong Kong won this fight with the help of international support, some of it from other arenas within the U.S. Both U.S. Surgeon General C. Everett Koop and Congressman Henry A. Waxman provided instrumental support. Waxman, on request, wrote a letter to Hong Kong's Secretary for Health and Welfare, a move that carried great weight with the decision to ban the product.



Don't start smoking

Photo: WHO

Getting across the message: a Hong Kong anti-tobacco poster.

Hong Kong represents a grave danger to the tobacco industry. The territory has shown that political action, with government support, funding, and protection, can have a significant effect on cigarette smoking and public awareness of the hazards of tobacco.

Hong Kong has also shown that without government support, anti-smoking efforts in Asia are unlikely to succeed. If tiny Hong Kong of 404 square miles can stand up to the mighty tobacco giants, then maybe other countries can as well. *

The real cost

The following excerpt from a recent book, entitled Listening to Africa by Pierre Pradervand, discusses the cost of the tobacco habit in West African terms. In preparation for the writing of his book, Mr Pradervand travelled extensively in West Africa (where he had also lived for 20 years), interviewing farmers and peasant leaders on their views on development.

The most startling discovery of my trip turned out to be that of the potential of the villagers to save—mostly on their expenditures for stimulants, in great part imported cigarettes. In April 1987, in Ouagadougou, I met the president of Burkina Faso, Thomas Sankara, for a 90-minute interview during which he expressed great concern over this issue. He informed me that his country spent more on tobacco and cola nuts (and he gave me the figure of 25 billion CFA) than the sum total of the value of the country's exports (21 billion CFA).

A cautious estimate of total yearly expenditure for...three stimulants [green tea, cola nuts, and tobacco], using figures well below those quoted by the former president...yields an amount of potential savings great enough to enable the country to purchase over 660,000 small plows annually—enough to furnish almost every peasant family in the country with a plow. (In 1987, in Burkina Faso, a kilo of sugar could be bought

for 350 CFA francs, a bicycle tire for 2500 CFA, and a small bullock-drawn plow for 45,000.)

[In the Badumbé region, Mali], Bakary Makalou [the peasant organization regional coordinator] and I had conducted a modest survey of farmers of five villages in the region to calculate what they spent on three stimulants: cigarettes (not including locally grown chewing tobacco), green tea, and cola nut....From the results of the survey, we estimated that the farmers of these villages spent some 20 million CFA francs annually on stimulants—enough to purchase 275 tons of millet, or the total amount of grain consumed by the five villages over a six-month period.

"That's not possible, Bakary. You have to be exaggerating."

"Dionkounda, I tell you, it's the contrary. We in Oualia spend much more."



Photo: WHO by E. Wennen, C. Viedma, M. Muller

The tobacco industry makes money by convincing consumers that cigarettes are a sign of success.

"Makan is right. In my family we consume at least 200 CFA worth of tea a day, not to mention cola nuts and chewing tobacco."

The discussion is heating up. The 40 leaders of the regional peasant organization, 39 men and only one woman, have met in Badumbé where Bakary...and I have presented them with the results of [our survey]....

The results stunned the peasant leaders present. For the 2552 inhabitants of the five villages, average annual per capita expenditures for stimulants were as high

as high as 7800 CFA per person (representing a total of 20 million CFA). But since villagers under the age of 20 consume almost no stimulants (with the exception of some green tea), the real figure is closer to 16,000 to 18,000 CFA per year, five or six times the individual tax that many inhabitants find difficult to pay. Admittedly, these are only rough estimates.... During the Badumbé debate, some peasant leaders found them excessive, others that they were too low. But the fact remained that **by cutting down on expenditures for stimulants, the farmers could finance a number of their own projects and bring themselves that much closer to their goal of self-sufficiency....**

In Bamako, Mali, SONATAM, the state company that has a monopoly on imports and sales of tobacco, gave me exact figures for expenditures on tobacco imported to Mali in 1986. The table shows these figures translated into the number of small plows and pieces of soap that could have been purchased for the same amount.

Mali Tobacco Imports, Translated into Plows and Soap

Brand I	CFA francs (incl. transit costs*) (in millions of CFA francs) II	Number of plows that could have been purchased (at 50,000 CFA francs a piece) III	Pieces of soap (at 100 CFA) (rounded down) IV
Marlboro	4,010	80,200	40,000,000
Craven A	1,478	29,560	14,000,000
Gitanes	1,054	21,080	10,000,000
Winston	639	12,780	6,000,000
Dunhill	544	10,880	5,000,000
Gauloises	6.3	126	63,000
Total	7,731.3	134,626	75,063,000

*Transit costs are here estimated at 699 million CFA, based on figures furnished by SONATAM.

These figures are staggering, especially as they are extrapolated from data on imported cigarettes only. Taking into account the additional



Photo: WHO by H.A.P.S. Oomen

A young smoker in Papua New Guinea. Most tobacco grown in the developing regions is also consumed there, in addition to the imports of high-tar tobacco from the rich world.

amount spent on local brands of cigarettes (Liberty, Liberty Filter, and Mensa), one could add 4602 million CFA to the potential savings. Illegal imports can be estimated at 20% of 11,643 (i.e. the total amount spent on both national and imported cigarettes, exclusive of transit costs). As 70% of cigarettes are sold on a retail basis, a total sales figure can be calculated at approximately 15 to 18 billion CFA. This does not include expenditures on chewing tobacco, the sales figures for which, according to SONATAM, are "very significant." At the conservative end of the estimate, 15 billion CFA would cover the cost of 300,000 plows. In other words, in 1986, with the money it spent on cigarettes alone, Mali could have purchased 300,000 small plows for its farmers. *

Smoking and religion: views from Judaism, Christianity, and Islam

The following statements are adapted from the proceedings of the Fifth World Conference on Smoking and Health, Winnipeg, Canada, 1983, organized by the Canadian Council on Smoking and Health.

Smoking: a Jewish view

by Dr Reuven P. Bulka

Rabbi, Congregation Machzikei Hadas
Ottawa, Ontario
Canada

In approaching the question of smoking from a Judaic vantage point, two issues need to be addressed: 1) smoking and the smoker and 2) smoking and the non-smoker. The first issue relates to self-preservation, the second to social responsibility.

Suicide is forbidden in Jewish law. It is an instance of non-prosecutable murder, since victimizer and victim are one and the same. The same logic which prohibits the murder of others forbids the murder of the self. One is not permitted to destroy life, life being a gift of God entrusted to us rather than being ours. We are trustees, not referees. The biblical exhortation, "But for your own lifeblood I will require a reckoning" (Genesis 9:5) applies to any suicidal act. Cigarette smoking belongs in that category.

Jewish law, which is rigidly opposed to self-destruction, and thus to smoking, equally opposes the harming of others. Whatever excuses one makes to legitimize smoking as a private habit are shattered when the innocent bystander is implicated. Clear air is the responsibility of every citizen.

One cigarette addict who read much of the literature concerning the effects of smoking on health became so upset that he resolved to quit reading! Only by also burying our head in the sand can we avoid asserting Judaism's uncompromising opposition to smoking.

Smoking: permitted or forbidden in Islam?

by Professor Sherif Omar

Member, WHO Advisory Panel for
Smoking and Health
Professor, Cancer Institute
Cairo University
Cairo
Egypt

The habit of smoking first appeared in the Middle East around the year 1000 Higerah. The Ulama of Islam opposed smoking, though its harm to health was not as well known at that time as it is today. Sheikh Muhammed Al-'Aini, one of the Hanafi jurists and theologians, prohibited smoking on the basis of four arguments:

1. According to eminent physicians, it is harmful to health. All that is harmful to health is prohibited.
2. Physicians agree that it is a narcotic, the use of which is forbidden by Islamic Law. According to a Hadith (narrative of deed and utterances of the Prophet and His companions), the

Prophet forbade all that is intoxicating and induces fatigue and apathy.

3. Smoke irritates those who do not practise the habit, particularly in places of congregation for prayer, such as mosques.

4. Smoking is wasteful with no real benefits.

A Hadith attributed to Um Salma says that the Prophet prohibited all that is intoxicating and induces fatigue and apathy. He said, "It is not a grave sin to use it once or twice, but persistence in its use makes it so."

These are the views of Islam, and we believe that all other religions agree.

Perhaps the best way to convince smokers of the importance and necessity to quit smoking is [to appeal to restraint on] religious [grounds]. Therefore, the Mosque, Church, or Synagogue should have an active role in this respect.

Smoking and religion: the point of view of a Seventh-day Adventist

by Francis A. Soper

Associate Director

Five-Day Plan to Stop Smoking

Washington, D.C.

U.S.A.

The Five-Day Plan to Stop Smoking was initiated by the Seventh-day Adventist Church because of a strong conviction that there is a distinct relationship between religion and a person's physical habits, such as smoking.

Seventh-day Adventists believe in the basic philosophy that man is a unit,

composed of different parts, but functioning as one. What affects the body also affects the mind, and what affects the soul also affects the body. So all of the various parts of an individual interact with each other, and what affects one will affect all the others.

Smoking goes beyond its effects on the body, as important as those are....For this reason, the Seventh-day Adventist Church maintains strong convictions about the smoking habit. In fact, smoking is a test of fellowship for membership in the church. Each individual must give an assurance that he or she is a non-smoker before baptism into the church fellowship. The course of instruction for candidates includes practical lessons on how to quit smoking, if such are needed, or encouragement to stay off.

The Five-Day Plan to Stop Smoking was conceived to help people who chose to quit smoking, either for medical reasons or from personal choice. In addition to this...the church has a strong education programme for prevention—with visual aids, films, publications, and seminars.

These activities, both preventive and curative, arise out of the conviction that smoking and religion are closely related, that a person can achieve his or her full potential in serving God and mankind when all phases of his or her life are represented and developed in a balanced way. Smoking makes less of a person. It reduces the potential of living and the potential of witness to and influencing others toward better ways.

Useful publications

The Smoke Ring by Peter Taylor

A wonderfully readable and revealing exposé of tobacco politics. Provides a history of the growth of the tobacco industry, including the rise of the tobacco multinationals. Documents the astounding lengths to which tobacco manufacturers go to protect their interests. Answers questions such as:

Why hasn't one of the most powerful anti-smoking TV documentaries ever made been shown on your television?

Why do leading magazines and newspapers minimize or ignore new discoveries of smoking dangers?

Who are the politicians—including occupants of the U.S. White House—who have ties with the tobacco industry?

Peter Taylor is a leading BBC television reporter, documentary filmmaker, and author. The introduction to the book is by C. Everett Koop, U.S. Surgeon General at the time of its publication (1985). Includes substantial footnotes, an index, and a bibliography.

Published in paperback by the New American Library at the following address:

1633 Broadway
New York, New York 10019
U.S.A.

The Real Cost by Richard North

Goes behind the price tag for a closer look at the real cost of items such as tea, coffee, sugar, carbonated drinks, jeans, hamburgers, and cigarettes, among others. Calculates in terms other than money. Behind the cost of a hamburger, for example, is the cost to the environment of hectares of Central American forests cleared to provide grazing for beef cattle (some 4000 km sq per year). Behind the cost of a throw-away Coca Cola bottle is the cost in fossil energy to produce it (1471 kcal). And behind the monetary cost of a cigarette is the cost of medical treatment for tobacco-related illnesses (US\$172.5 million annually in Britain alone).

Published by Chatto & Windus Ltd at the following address:

30 Bedford Square
London WC1B 3RP
United Kingdom

"Health for No One by the Year 2000" by David Werner

Adapted from a talk given by the author at the annual meeting of the National Council for International Health (NCIH), a group of U.S. NGOs involved in international health and development. A controversial exposé of how global power structures consistently place profit ahead of human welfare. Includes appendix detailing the destruction and human suffering being caused by eight powerful multinational "killer industries" that have targetted the Third World as their newest, fastest-growing, and most vulnerable market. These industries include alcoholic beverages, tobacco, illegal narcotics, pesticides, infant formula, non-essential medicines, arms and military equipment, and international banking (money-lending for profit).

Available for US\$3 from the Hesperian Foundation at the following address:

P.O. Box 1692
Palo Alto, California 94302
U.S.A.

Organizing a National No Smoking Day by Dr Teoh Soong Kee and Wong Wai Leng

A useful booklet containing experiences, ideas, and success stories of national no-smoking campaigns. Explains how the idea started as a small town initiative in the U.S.A. to become the annual nationwide Great American Smokeout (G.A.S.). Similar campaigns have since been organized in numerous countries. In 1988, the World Health Organization celebrated its 40th anniversary with a no-smoking day.

The booklet offers advice in planning and strategy, gives ideas for action, and tells how others have done it. Also contains useful addresses and publications.

Available from the International Organization of Consumers Unions at the following address:

P.O. Box 1045
10830 Penang
Malaysia

On the agenda

In exploration of the topic "The new man: his development and being, his illnesses, his medical arts," the Austrian Association "Physician and Spiritual Counsellor" proposes the **2nd International Christus Medicus-Congress**, to be held in Bad Ischl, Austria, 5-9 June 1990. The congress (to be conducted in German) is planned as an opportunity to contrast the "new man" of the Christian faith with historically hopeful images of man, rooted in anthropology. A detailed programme is available at the following address:

Osterreichische
Arbeitsgemeinschaft
"Arzt und Seelsorger"
Ammeringstrasse 9
A-4910 Ried im Innkries
Austria

The **II International Conference on Medicine and Migration**, hosted by the Aula Magna Istituto di Neuropsichiatria Infantile, will be held in Rome, 11-13 July 1990. Topics to be covered include social and legislative problems, general and specialized medicine, psychiatry and cross-cultural mental hygiene, occupational medicine, women and migration, children and migration, torture victims, and AIDS and migration. More information is available from the Organizing Secretariat at the following address:

MGA
Viale G. Mazzini, 145
00195 Rome
Italy

Chances that a first-time cigarette smoker will become addicted: 9 in 10. Chances that a first-time cocaine user will become addicted: 1 in 6.

Source: *Harper's*, published in the *Bulletin of the Park Ridge Center*, Volume 5, Number 1, January 1990.

CMC notes

Margareta Skold has been appointed CMC Programme Secretary to replace Birgitta Rubenson. Margareta took up her post in November 1989.

Margareta is Swedish, born in Zimbabwe, where she undertook her primary and secondary education. In 1970 she moved to Sweden where she obtained the qualification of State Registered Nurse and completed a course in General Development Assistance and Disaster Relief Training. She continued her medical training to obtain a diploma in Obstetrics and Gynaecology (State Registered Midwife), later adding a diploma in Health Care in Developing Countries.

Margareta's interest in Latin America led her, in 1984, to the Latin American Institute of the Sorbonne, Paris, where she studied for three years.

Her work experience includes nursing and midwifery in various hospitals in Sweden, parish and social work in Paris, and health education within the framework of a community health programme in Brazil.

In her work for CMC, Margareta's primary concern is to establish contacts and coordinate CMC's activities in Latin and Central America and the Caribbean.

Contact 1990

Contact is facing severe shortages this year in funds (a problem compounded by the drop in the dollar) and time (with the preparations for the up-coming Seventh Assembly of the World Council of Churches). The Contact Editorial Committee has thus decided to limit the number of issues for this year to five, plus a Special Issue.

Please note that regular *Contact* issues from now until the end of 1990 will appear in May, July, September, and December, instead of the usual months. We very much appreciate your understanding the reasons for this temporary cut-back.

On the agenda

In exploration of the topic "The new man: his development and being, his illnesses, his medical art", the Austrian Association of Physicians and Spiritual Counsellors proposes the 2nd International Christian Medical Congress to be held in Bad Ischl, Austria, 5-8 June 1990. The congress (to be conducted in German) is planned as an opportunity to contrast the "new man" of the Christian faith with historically hopeful images of man, rooted in anthropology. A detailed programme is available at the following address:

Dr. Artur Seeliger, 1000 Wien, Austria
A-1040 Friedmühlgasse 10
Austria

The 11 International Conference on Medicine and Migration, hosted by the Aids Mainz Institute of Neurophysiologists, will be held in Rome, 1-13 July 1990. Topics to be covered include social and legislative problems, general and specialized medicine, psychiatry and cross-cultural mental hygiene, occupational medicine, women and migration, children and migration, torture victims, and AIDS and migration. More information is available from the Organizing Secretariat at the following address:

Dr. Hildegarde Bromberg-Richter, 1000 Wien, Austria
A-1040 Friedmühlgasse 10
Austria

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in English, French, and Spanish. Selected issues are also published in Portuguese in Brasil, Kiswahili in Kenya and Tanzania, and Arabic in Egypt. Present circulation exceeds 35,000.

CONTACT deals with varied aspects of the Christian community's involvement in health and seeks to report topical, innovative, and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first annual issue of each language version. Articles may be freely reproduced, providing that acknowledgement is made to **CONTACT**, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.

Editorial Committee: Dan Kaseje, Director; Dave Hilton, Editor; Candace Corey, Editorial Assistant; Christel Albert; Erlinda Senturias; and Margareta Skold. Editorial Advisory Board: Hildegard Bromberg-Richter (Brazil), John Hatch (USA), Hari John (India), Deborah Raditapole (Lesotho), and the Editorial Committee.

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